



## **Delaware Tribe of Indians COVID-19 Emergency Relief Aid Application**

The Delaware Tribe of Indians received funds from the CARES Act. The funds are authorized as a General Welfare Exclusion (GWE) program and were adopted via motion by the Tribal Council on June 19, 2021. Payments to support qualified tribal members that need COVID-19 Emergency Relief Aid and have been directly impacted by COVID-19 are not taxable to the tribal member.

\$1,500 will be given to all tribal members that demonstrate a need for emergency assistance.

**This application must be completed for each enrolled tribal member and must be fully completed to be accepted. Payments will be processed approximately 30 days after verification of an approved application. Applications must be received by the Tribe on or before Friday, October 31, 2021.**

**SUBMIT APPLICATION BY MAIL ONLY TO:**

**DELAWARE TRIBE OF INDIANS  
CARES ACT  
5100 TUXEDO BLVD  
BARTLESVILLE OK, 74006**

### **Applicant Personal and Contact Information**

<b>Applicant Full Name</b>			
<b>Date of Birth</b>		<b>Delaware Tribal Registration Number</b>	
<b>Full Address (Street, City, Zip)</b>			
<b>Phone Number</b>		<b>Email Address</b>	

If applicant is a minor, name of legal guardian/parent applying on their behalf

### Application Checklist

☐ Copy of tribal enrollment card

☐ Required Statement of Need  
(See Below)

☐ If applying on behalf of a minor, copy of the birth certificate

### GWE COVID-19 Emergency Assistance

**Please select all assistance that is needed (check all that apply).**

☐ Food

☐ School Aged (K-12) Distance Learning Equipment and Supplies

☐ Propane

☐ Cleaning Supplies

☐ School Aged (K-12) Educational Materials, Software, or Subscription

☐ Natural Gas

☐ Home Sanitizing

☐ College Student Distance Learning Equipment and Supplies

☐ Wood Pellets

☐ Water

☐ College Students – Unexpected COVID-19 related expenses

☐ Firewood

☐ Medication

☐ Elder Access to technology, internet and equipment

☐ Rent/Mortgage

☐ Child Care

☐ Online Training and Retraining Courses (enhanced employment opportunities)

☐ Grocery Shopping Assistance

☐ Adult/Elder Care

☐ Internet/WiFi

☐ PPE

☐ Funeral/Burial Assistance

☐ Utility Assistance (Water, Electricity, Cellphone, Propane, etc.)

☐ Economic Assistance Due to Loss in Job, Reduction in Hours, or Furlough

**REQUIRED:** Please describe how COVID-19 has impacted you during the pandemic.

### Authorized Use of Funds and Certification

Use of funds must be consistent with expenditures related directly in response to the current COVID-19 pandemic, prevention of COVID-19 spread, and compliance with tribal, state, and local public health orders to mitigate the spread of the virus.

By signing below, I hereby certify that I have met the requirements for the COVID-19 Emergency Relief Aid and that the information submitted on this Application is true and correct to the best of my knowledge. I am also giving authorization to the Delaware Indian Tribe to: (1) update my or the minor in my custody-and-care's Tribal enrollment file using the information submitted in the "Applicant Personal and Contact Information" section; and (2) verify my, or the minor in my custody-and-care's tribal enrollment.

**If application is on behalf of a minor:** I certify that I am the parent/legal guardian to receive the COVID-19 Emergency Relief Aid payment on behalf of the minor child. By signing this document, I agree that I am responsible for collecting the payment and the funds will go towards the minor for the benefit of preparing, preventing, and recovering from COVID-19. I agree that I will be responsible for paying the funds back in the event it is found that the minor did not receive the emergency support payment.

*I agree that I may be called upon to prove that I did not use this COVID-19 Emergency Relief Aid for unallowable expenses.*

**Printed Name:**

**Signature:**

**Date:**

### For Official Use Only

Date received by the Tribe:

Tribal enrollment verified? ☐ Yes ☐ No Date Verified:

Birth certificate for minor applicants ☐ Yes ☐ No

Application approved? ☐ Yes ☐ No

If not approved, reasoning:

Check #:

Date check mailed: